

## Foster Family Home - Corrective Action Report

Provider ID: 1-559370

Home Name: Belma Wangit, CNA

Review ID: 1-559370-4

4314 Keaka Drive

Reviewer: Angelica Galindo

Honolulu

HI 96818

Begin Date: 9/14/2018

End Date:

9/14/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/14/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Angelica Galindo, RA  
Compliance Manager

Belma Wangit  
Primary Care Giver

9/14/18  
Date

9/14/18  
Date